

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**

In re application of ~~TRADEMARK~~ OY and MULLINAX

Serial No.: 10/064,488

Filed: July 19, 2002

For: STRAINER/DRAINER COLANDER CADDY

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "Amendment" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 31	MINUS	** 20	11
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee		Rate	Addit. Fee
x 9 =	\$99.00		x 18 =	\$ .00
x 43 =	\$ .00		x 86 =	\$ .00
+ 145 =	\$ .00		+ 290 =	\$ .00
TOTAL ADDIT. FEE	\$99.00	OR	TOTAL	\$ .00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$99.00 for the payment of extra claims.
- ☒ Appointment of Power of Attorney.
- ☒ Replacement drawings (3 pages).
- ☒ Exhibits A and B.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Dated: 2/3/04

Linda L. Palomar, Reg. No. 37,903  
Attorneys of Record